



Rhode Island Department of Elementary & Secondary Education
Model Form to Assist Parents/Guardians, other Individuals or Organizations in Filing
A Special Education State Complaint

(Revised 1/2011)

This form assists you in providing the information needed for filing a special education state complaint on behalf of a child eligible for special education under the Individuals with Disabilities Education Act (IDEA). The state complaint process may be used when you believe that a school department or other public education agency has violated special education laws or regulations. (This complaint process is *not* the avenue to use when you and the school department or agency disagree about eligibility for services, the type or amount of specialized instruction or therapy services, or the appropriateness of a placement.) Special Education State Complaint Procedures and other dispute resolution processes are explained on the Department's website at:

http://www.ride.ri.gov/Special_Populations/Dispute_resolution/

Assistance with this form is available from the Office of Student, Community and Academic Supports Call Center at (401) 222-8999.

Child's Information	Child's Name: _____ Address where the child lives: _____ Street _____ City _____ _____ State, Zip	Date of Birth: _____ Grade level: _____ School the child attends: _____ City/Town where the school is located: _____ _____ City or Town
	Parent(s) or Guardian(s) Name(s): _____ Mailing Address (if different than child's) _____ _____ _____ (Street, City, State, Zip)	Parent(s) Phone/Contact Number(s): _____ Language used for <u>printed</u> material: _____ Language preferred for spoken conversation: _____ _____

(Please use an additional page as needed.)

Allegation	Please state the nature of the problem, including the violation you believe occurred:
Facts	Please describe the facts on which you base the allegation, including when the problem occurred:
Proposed Resolution	What would resolve the problem?

PERSON FILING COMPLAINT: NAME (Print): _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____

Street

City/Town

State Zip Code

TELEPHONE/CELL/FAX: _____

Is a copy of this complaint being forwarded, as required, to the school department or agency serving the child?

(Circle one) Yes No Names of school personnel notified of this complaint: _____

SIGNATURE: _____ Date _____

Send this completed form to EACH of the following:

1. School department serving the child
2. The RI Department of Education at: Dispute Resolution, Suite 500, Office of Student, Community and Academic Supports, 255 Westminster Street, Providence, RI 02903-3400